

G.

Kentucky SKY

Submittal of a proposal to serve the Kentucky SKY population is optional. Evaluation of proposals received for this Section will be limited to Contractors receiving an award for the main Managed Care contract. (See **Draft Medicaid Managed Care Contract and Appendices** Section 70.2 for more information.)

Section references herein are made to RFP Attachment C **“Draft Medicaid Managed Care Contract and Appendices.”**

9.

Health Outcomes

Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.

More than 70% of children in foster care have a documented history of child abuse and neglect that has resulted in serious developmental delays, behavioral health (BH) conditions, and limited preventive healthcare.¹ Humana understands the Kentucky SKY population has complex underlying needs that require intricate, coordinated processes to effectively deliver care and improve health outcomes. Because these processes extend beyond those traditionally measured by Health Effectiveness Data and Information Set (HEDIS), we recommend measures that ensure these processes remain effective and efficient.

Humana is committed and prepared to work with the Department for Medicaid Services (DMS), Department for Community Based Services (DCBS), and Department of Juvenile Justice (DJJ) to develop quality outcomes reporting for this program that provides meaningful insight into the successes and opportunities for improvement. To support this effort, we propose metrics that encompass a variety of functions: care coordination, monitoring of decertification of services, appropriate utilization of psychotropic medications, and deployment and utilization of evidence-based practices (EBP). We will also capture and analyze existing measures already monitored for the Kentucky SKY population to impact interventions, such as readmission rates for inpatient care (both physical health and BH) and emergency department (ED) utilization.

RESOURCE SUPPORT

Humana will bring our clinical and reporting expertise, along with dedicated Quality resources, to collaborate with DMS in developing and implementing effective performance measurements for the Kentucky SKY program. Our Kentucky SKY Medical Director, Kentucky SKY BH Director, and Kentucky SKY Quality Improvement (QI) Director will provide necessary local oversight, review quality metrics and data, oversee rapid-cycle improvement methods to continuously monitor and assess our performance, and use data to implement and drive process improvement. Our **Kentucky Medical Director, Ian Nathanson, MD, and Kentucky SKY Psychiatrist, Taft Parsons, MD, will co-chair our Kentucky SKY Quality Improvement Committee (QIC)** and report into our Kentucky Medicaid QIC. We have **more than 100 Humana associates dedicated to quality, provider engagement and education, analytics, Enrollee outreach, and care coordination supporting overall QI** for our Kentucky Medicaid Managed Care program. In addition, our local Kentucky Medicaid Quality and Clinical Analytics teams provide additional support and valuable insight into our performance and areas of improvement.

In 2018, hospitalizations for our Kentucky foster care Enrollees with at least one BH condition decreased **39.1%**, demonstrating our ability to identify BH conditions from our assessments.

¹ <https://pediatrics.aappublications.org/content/136/4/e1131>

PROPOSED NON-HEDIS KENTUCKY SKY QUALITY PERFORMANCE MEASURES

Care Coordination

Given the complex needs of Kentucky SKY Enrollees, we propose including metrics that evaluate timeliness assessment and development of the care plan, utilization of specialized trauma-informed care (TIC) services, and the frequency of care coordination activities. The mix of metrics proposed encompasses necessary process and operational practices to ensure timely access to care and includes outcome measures that identify Enrollees who may not be receiving necessary supports. We believe these efforts around Kentucky SKY specific care coordination will result in increases in preventive and outpatient services necessary to combat the effects of trauma and decrease inappropriate utilization of the ED and inpatient services.

Monitoring of Decertification of Services

To ensure Kentucky SKY Enrollees in DCBS custody receive appropriate care in the most appropriate setting, metrics monitoring the decertification of a Kentucky SKY Enrollee in a hospital or other residential facility are essential. Currently, there are more than 50 decertified children in the Kentucky foster care system residing in psychiatric residential treatment facilities or acute psychiatric facilities seeking step-down placement. Humana will work to ensure step-down services are available to Kentucky SKY Enrollees when they no longer require that level of care.

Appropriate Utilization of Psychotropic Medications

Data shows that children with behavioral issues and in particular, children in foster care, are prescribed psychotropic medications three times more frequently and remain on medication longer than other children enrolled in Medicaid. These higher prescription pattern rates for psychotropic medication have increased concerns that the behavioral needs of children in foster care are not being appropriately treated or assessed.² We will use our pharmacy data analytics to identify, monitor, and report on Enrollees who are prescribed psychotropic medications. A more in-depth discussion of Utilization Management (UM) metrics for psychotropic medications is provided in Section I.G.11 Utilization Management of the Request for Proposal (RFP).

Utilization of Evidence-Based Practices (EBP)

Due to the complex, co-occurring physical and BH conditions many Kentucky SKY Enrollees present, we are committed to ensuring these Enrollees receive age-appropriate and evidence-based care. Humana has systems in place to:

- Monitor and report on access to preventive care, developmental screenings, and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Track for potentially preventable utilization (e.g., preventable admissions, readmissions, and ED visits) that can indicate an access to care issue or quality of care issue that needs to be evaluated and addressed

For these reasons, we propose incorporating a variety of quality measures that supplement traditional HEDIS measures, outlined in **Table I.G.9-1**. This enhanced performance reporting ensures **a 360-degree view of our Enrollees' health guides and our care management, care coordination, and UM services and policies.**

According to IPRO's *Kentucky DMS draft 2019 External Quality Review Technical Report* published in March 2019, **all our adolescent screening rates increased and all were above the statewide averages** in tobacco use screening, alcohol/substance use screening, sexual activity screening, and depression screening.

² <http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx>

Table I.G.9-1: Humana’s Proposed Performance Measures

Care Coordination Metrics		
Measure	Description	Steward/Source
Health Risk Assessment (HRA)	Percentage of Enrollees with a complete HRA within 30 calendar days of enrollment or documented valid Unable to Contact (UTC) attempts	Humana/DCBS, DJJ or Enrollee/caregiver
Pediatric Case Management Assessment	Percentage of Enrollees with care coordination assessment completed within 30 calendar days of enrollment or documented valid UTC attempts	Humana/DCBS DJJ or Enrollee/caregiver
Care Plan Initiated	Percentage of Enrollees with comprehensive pediatric assessment completed within 30 calendar days of enrollment or documented valid UTC attempts	Humana/DCBS, DJJ or Enrollee/caregiver
Discharge Planning follow-up	Percentage of Enrollees receiving post-discharge follow-up assessment following hospitalization	Humana/DCBS, DJJ or Enrollee/caregiver
BH Inpatient and Psychiatric Residential Treatment Facility	Tracks admits per 1,000 member months, admit days per 1,000 member months, and average length of stay	Humana/DCBS, DJJ or Enrollee/caregiver
Intensive Care Coordination	Percentage of Intensive Care Coordination for Enrollees who: <ul style="list-style-type: none"> Received one monthly face-to-face visit Received one weekly contact within one month Received one monthly meeting with caregivers Had one monthly care plan update 	Humana/DCBS, DJJ or Enrollee/caregiver
Complex Care Coordination	Percentage of Complex Care Coordination for Enrollees who: <ul style="list-style-type: none"> Received two monthly face-to-face visits Received one weekly contact within one month Received at a minimum two hours per week of care coordination Received one monthly meeting with caregivers Had one monthly care plan update 	Humana/DCBS, DJJ or Enrollee/caregiver
Individualized Care Plan (ICP) Updates	Percentage of Enrollees with ICP updated every 30 days	Humana/DCBS, DJJ or Enrollee/caregiver
Recovery Action Plan	Percentage of Enrollees with active recovery action plan with crisis plan	Humana/DCBS, DJJ or Enrollee/caregiver
Monitoring of Decertification of Services		
Measure	Description	Steward/Source
Decertification Notification Tracking	Percentage of decertification notifications sent to DCBS case worker within required state timeframes	Humana/DCBS

Table I.G.9-1: Humana’s Proposed Performance Measures

Appropriate Utilization of Psychotropic Medications		
Measure	Description	Steward/Source
Medication Review for Enrollees Prescribed New Psychotropic Medication	Percentage of Enrollees who receive medication review when prescribed new psychotropic medications	Humana/DCBS, DJJ or Enrollee/caregiver
Frequency of Psychotropic Medication	Percentage of Enrollees receiving multiple classes of psychotropic medications (e.g., antidepressants, antipsychotics, mood stabilizers, anti-anxiety)	Humana/DCBS, DJJ or Enrollee/caregiver
Medication Review for Enrollees Prescribed Multiple Psychotropic Medications	Percentage of Enrollees who receive medication review when prescribed > four psychotropic medications	Humana/DCBS, DJJ or Enrollee/caregiver
Deployment and Utilization of Evidence-Based Practices		
Measure	Description	Steward/Source
EPSDT Ratio	Ratio of actual number of initial and periodic screening services received by the expected number of initial and periodic screening services	Centers for Medicare and Medicaid Services (CMS)-416
EPSDT Participant Ratio	Ratio of Enrollees receiving any initial and periodic screening services during the year	CMS-416
Percentage of Enrollees Who Received Preventive Dental Services	Percentage of enrolled children ages six to nine with an elevated risk of dental caries (i.e., “moderate” or “high” risk) who received a sealant on a permanent first molar tooth within the measurement year	DQA (ADA) CMS Medicaid & CHIP Core Set
Developmental Screenings in the First Three Years of Life	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday	OR Health Sciences University (OHSU) CMS Medicaid & CHIP Core Set
Screening for Depression and Follow-Up Plan: Ages 12-17	Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter using an age appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen	CMS CMS Medicaid & CHIP Core Set
Potentially Preventable Admissions	Rate per 1,000 member months of hospital admissions that may have resulted from a failure to access primary care or of ambulatory care coordination	3M
Potentially Preventable Readmissions	Rate per 1,000 hospital admissions where return hospitalizations occurred within 30 days of an initial hospital discharge	3M
Potentially Preventable ED Visits	Rate per 1,000 member months where ED visits may have resulted from a lack of adequate access to primary care or ambulatory care coordination	3M
Asthma Admission Rate	Admissions with a principal diagnosis of asthma per 100,000, ages 2-17 years	AHRQ/(PDI 14)

ROBUST QUALITY INFRASTRUCTURE AND ANALYTICS CAPABILITIES TO SUPPORT KENTUCKY SKY REPORTING

Humana can develop reporting on these proposed measures and others developed in collaboration with DMS to share with the Commonwealth and use for internal evaluation and quality improvement activities. The following outlines the tools Humana leverages to support reporting, analytical analyses, and quality management reporting.

CareHub

Humana uses CareHub, our **integrated clinical platform**, to monitor and track health outcomes and utilization for Enrollee populations. To supply clinicians with a holistic view of the Enrollee, CareHub integrates data from a multitude of sources (claims, HRA, lab and tests results) and shares this 360-degree view of Enrollee health via Clinical Guidance eXchange (CGX), **our integrated clinical platform**.

Quality Information Technology (IT) Infrastructure

Our **IT infrastructure and data analytics capabilities** provide the foundation for identifying care gaps and quality of care issues. Humana achieves systematic measurement and assessment of performance using multiple data systems. We use multiple Quality reporting and analytics tools and predictive models to monitor and assess our performance on HEDIS, non-HEDIS, and State priority measures. For more information regarding these reporting and analytics tools, please refer to **Section 9.0** Quality Management and Health Outcomes of the RFP.



Performance Measurement and Evaluation

We use measures defined by HEDIS, the National Quality Forum (NQF), the Ambulatory Care Quality Alliance (AQA), CMS, the Agency for Healthcare Research and Quality (AHRQ), 3M Potentially Preventable Events (PPE), and professional medical societies to identify areas of opportunity and assess our performance. These measures help inform and prioritize our data-driven, evidence-based initiatives and will expand to include the Kentucky SKY population.

Throughout the year, we monitor and assess our Quality Assessment and Performance Improvement (QAPI) program's progress toward achieving performance goals. **Our Quality Initiative Governance Committee (QIGC) uses multiple dashboards and reports to assess our performance and meets every month to discuss findings.** We will evaluate our Kentucky SKY program using the Quality Improvement Evaluation framework, where we review performance data and reports to assess Kentucky SKY QAPI program activities and processes as part of the QIC. We will present the Kentucky SKY program annual evaluation to the QIC and share the annual evaluation with the Commonwealth.

In 2018, Humana was at or above the NCQA national Medicaid 50th percentile for the **Follow-up Care for Children Prescribed ADHD Medication* (ADD): Initiation Phase and Continuation and Maintenance (C&M) Phase** HEDIS measure, according to IPRO's *KY DMS draft 2019 External Quality Review Technical Report* published in March 2019.

Quality Performance Reporting (to the Commonwealth)

We will use reporting and data analytics resources both in Kentucky and at the national level to support our improvement efforts for the Kentucky SKY population. Our Kentucky Medicaid QI Director will oversee local HEDIS and non-HEDIS reporting capabilities, while our quality and clinical analytics teams ensure timely and accurate data reporting for these measures. This reporting includes using laboratory result files, immunization data from state or county registries, and current or historic state transactional files in a standard electronic format. Between our Kentucky and corporate teams, **we will have more than 20 associates supporting Kentucky Medicaid HEDIS and non-HEDIS measurement and reporting**, as well as other measurement and data-driven initiatives, such as Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and 3M PPE.

Continuous Quality Improvement




Humana has vast experience using data analytics to review measures that inform QI initiatives for priority populations. Through our Plan-Do-Study-Act (PDSA) process, we use data from our data analytics capabilities to develop, maintain, monitor, and adjust clinical and non-clinical initiatives. We deploy **rapid-cycle improvement methods**, where **we monitor performance using established metric reporting at frequent intervals**, allowing us to modify initiatives based on results. This continuous quality improvement approach ensures the consistent delivery of appropriate, high-quality care to our Enrollees.

RECOMMENDED PERFORMANCE IMPROVEMENT PROJECT (PIP) PLAN FOR THE KENTUCKY SKY POPULATION

Humana understands that the high prevalence of BH issues present among children in foster care – up to 80% have a significant mental health issue³ – has, at times, resulted in improper psychotropic medication prescriptions to treat BH conditions, and that there are children who may benefit from non-pharmacological behavioral modification techniques. Between 2014 and 2016, Humana CareSource deployed a **Performance Improvement Plan (PIP)** targeting safe and judicious antipsychotic use in children and adolescents in our Kentucky Medicaid plan. For Enrollees aged zero to 17 receiving antipsychotic medications and their attributed providers, we implemented several interventions, including pharmacy point-of-sale edits; provider monitoring; provider education, such as a prescriber guideline in the provider manual; and targeted outreach to identify Enrollees and educate parents and caregivers on the importance of receiving first-line psychosocial care. We also provided education on the importance of a face-to face follow-up visit with the prescribing provider.

Humana’s commitment to ensuring the right care, at the right time, at the right place, has seen great results. The **number of our Kentucky foster care Enrollees in the Foster Care System hospitalized decreased by 49.7% in 2018.**

Over the three-year period, we achieved the following results among our Kentucky Medicaid Enrollees, which would include a portion of the Kentucky SKY population today:

Dosing	Multiple Antipsychotics	Metabolic Screening
 30% reduction in the rate of use of higher-than-recommended doses of antipsychotics	 31% reduction in the rate of use of multiple concurrent antipsychotics	 24% increase in the rate of metabolic screenings for children and adolescents on antipsychotics

While this PIP was focused on our entire Medicaid Enrollee population aged zero to 17 who were prescribed a psychotropic medication, the percentage of children in foster care who are prescribed psychotropic medications is higher than their non-foster care counterparts. Therefore, we propose to conduct a similar PIP focused exclusively on the Kentucky SKY program. We will leverage our experience, lessons learned, and interventions to deploy this PIP. Once baseline rates are established, we will work with the Commonwealth to identify reasonable and achievable reduction targets and implement interventions to achieve clinically appropriate reductions in the rates of psychotropic medication use for the Kentucky SKY population. Our robust resources, quality IT infrastructure, and quality capabilities outlined in this response will help us deliver an immediate, meaningful, and long-lasting positive impact on Enrollee health.

³ <http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx>

KENTUCKY SKY VALUE-BASED PAYMENT (VBP) PROGRAM

Humana engages providers identified as delivering high-quality care in VBP arrangements. These cost-effective arrangements lead to significant increases in preventive screenings, decreases in ED visits and hospital admissions, and increases in management and adherence measures among providers. Our VBP program will also encompass our Kentucky SKY Enrollees, and we will incorporate appropriate **quality metrics to incentivize providers** to maximize their performance in areas such as **access to care; appropriate ED and hospital utilization; preventive care; and management of medications, chronic conditions, and BH needs**. In support of our VBP programs we have robust connections with EHR vendors and HIEs to obtain near real time clinical data. As the Kentucky SKY program matures, we plan to explore adding additional measures (such as those described in **Table I.G.9-1**) to our VBP arrangements.

“
We are looking forward to working with Humana to implement a value-based program that incentivizes all parties, across the spectrum of providers, offering preventive services to work together across the continuum of care.

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– Gina Klyachkin,
President, KVC